

Cycle Date: 10/30/2003

| Provider Number | Provider Name    | High Denial EOBs | Number of Denials | Description   | TNC Denials | Total Denials | Total Claims Finalized | Total Claims Paid |
|-----------------|------------------|------------------|-------------------|---|-------------|---------------|------------------------|-------------------|
| 3404920         | Alamance-Caswell | 8599             | 380               | Detail not covered by combination of recipient, provider and benefit package.                             | 269         | 714           | 2933                   | 2219              |
|                 |                  | 191              | 63                | Client ID number does not match patient name.   |             |               |                        |                   |
|                 |                  | 120              | 1                 | Client ID number missing or invalid.  |             |               |                        |                   |
| 3404943         | Albemarle        | 21               | 398               | Duplicate of claim-system.  | 68          | 777           | 2553                   | 1776              |
|                 |                  | 8518             | 124               | Claim denied, submitted beyond filing timelimit. May and June DOS must be submitted by the end of August. |             |               |                        |                   |
|                 |                  | 8599             | 66                | Detail not covered by combination of recipient, provider and benefit package.                             |             |               |                        |                   |
| 3404902         | Blue Ridge       | 8599             | 2429              | Detail not covered by combination of recipient, provider and benefit package.                             | 384         | 3009          | 4192                   | 1183              |
|                 |                  | 5404             | 46                | Severe duplicate: same attd prov/pcode/tos/dos/mod.   |             |               |                        |                   |
|                 |                  | 23               | 36                | Service requires Prior Approval.  |             |               |                        |                   |
| 3404912         | Catawba          | 8599             | 1                 | Detail not covered by combination of recipient, provider and benefit package.                             | 0           | 1             | 14                     | 13                |
|                 |                  |                  |                   |   |             |               |                        |                   |
|                 |                  |                  |                   |   |             |               |                        |                   |
| 3404917         | Centerpoint      | 8599             | 2355              | Detail not covered by combination of recipient, provider and benefit package.                             | 558         | 3402          | 7769                   | 4367              |
|                 |                  | 8518             | 155               | Claim denied, submitted beyond filing timelimit. May and June DOS must be submitted by the end of August. |             |               |                        |                   |
|                 |                  | 120              | 87                | Client ID number missing or invalid.  |             |               |                        |                   |
| 3404916         | Crossroads       | 8599             | 182               | Detail not covered by combination of recipient, provider and benefit package.                             | 49          | 439           | 5870                   | 5431              |
|                 |                  | 21               | 100               | Duplicate of claim-system.  |             |               |                        |                   |
|                 |                  | 8000             | 30                | No rate available to price this claim detail.   |             |               |                        |                   |
| 3404927         | Cumberland       | 8505             | 470               | Claim denied due to insufficient budget.  | 2           | 513           | 560                    | 47                |
|                 |                  | 8622             | 34                | 60 residential level II treatment received, PA is required for additional service.                        |             |               |                        |                   |
|                 |                  | 191              | 3                 | Client ID number does not match patient name.   |             |               |                        |                   |
| 3404959         | Davidson         |                  |                   |   | 0           | 0             | 0                      | 0                 |
|                 |                  |                  |                   |   |             |               |                        |                   |
|                 |                  |                  |                   |   |             |               |                        |                   |

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|-----------------|-----------------------|------------------|-------------------|---|-------------|---------------|------------------------|-------------------|
| 3404922         | <b>Durham</b>         | 21               | 66                | Duplicate of claim-system.  | 0           | 66            | 82                     | 16                |
|                 |                       |                  |                   |   |             |               |                        |                   |
|                 |                       |                  |                   |   |             |               |                        |                   |
| 3404944         | <b>Eastpointe</b>     | 8599             | 160               | Detail not covered by combination of recipient, provider and benefit package.                             | 115         | 397           | 4403                   | 4006              |
|                 |                       | 21               | 33                | Duplicate of claim-system.  |             |               |                        |                   |
|                 |                       | 5308             | 21                | Prior authorized units exceeded.  |             |               |                        |                   |
| 3404937         | <b>Edgecombe-Nash</b> |                  |                   |   | 0           | 0             | 0                      | 0                 |
|                 |                       |                  |                   |   |             |               |                        |                   |
|                 |                       |                  |                   |   |             |               |                        |                   |
| 3404946         | <b>Foothills</b>      | 21               | 26                | Duplicate of claim-system.  | 1           | 35            | 424                    | 389               |
|                 |                       | 191              | 5                 | Client ID number does not match patient name.   |             |               |                        |                   |
|                 |                       | 8599             | 3                 | Detail not covered by combination of recipient, provider and benefit package.                             |             |               |                        |                   |
| 3404919         | <b>Guilford</b>       | 8599             | 455               | Detail not covered by combination of recipient, provider and benefit package.                             | 189         | 890           | 6277                   | 5387              |
|                 |                       | 191              | 73                | Client ID number does not match patient name.   |             |               |                        |                   |
|                 |                       | 21               | 40                | Duplicate of claim-system.  |             |               |                        |                   |
| 3404930         | <b>Johnston</b>       | 8599             | 46                | Detail not covered by combination of recipient, provider and benefit package.                             | 209         | 268           | 2847                   | 2576              |
|                 |                       | 191              | 9                 | Client ID number does not match patient name.   |             |               |                        |                   |
|                 |                       | 23               | 3                 | Service requires Prior Approval.  |             |               |                        |                   |
| 3404929         | <b>Lee-Harnett</b>    | 21               | 155               | Duplicate of claim-system.  | 7           | 255           | 688                    | 433               |
|                 |                       | 8599             | 37                | Detail not covered by combination of recipient, provider and benefit package.                             |             |               |                        |                   |
|                 |                       | 8518             | 25                | Claim denied, submitted beyond filing timelimit. May and June DOS must be submitted by the end of August. |             |               |                        |                   |
| 3404913         | <b>Mecklenburg</b>    | 8505             | 963               | Claim denied due to insufficient budget.  | 789         | 2153          | 7368                   | 5215              |
|                 |                       | 8599             | 184               | Detail not covered by combination of recipient, provider and benefit package.                             |             |               |                        |                   |
|                 |                       | 191              | 42                | Client ID number does not match patient name.   |             |               |                        |                   |

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|-----------------|------------------|------------------|-------------------|---|-------------|---------------|------------------------|-------------------|
| 3404939         | <b>Neuse</b>     | <b>8599</b>      | 1                 | Detail not covered by combination of recipient, provider and benefit package.   | 0           | 1             | 3                      | 2                 |
|                 |                  |                  |                   |   |             |               |                        |                   |
|                 |                  |                  |                   |   |             |               |                        |                   |
| 3404979         | <b>New River</b> | <b>8505</b>      | 41                | Claim denied due to insufficient budget.  | 4           | 124           | 581                    | 457               |
|                 |                  | <b>21</b>        | 38                | Duplicate of claim-system.  |             |               |                        |                   |
|                 |                  | <b>537</b>       | 17                | Procedure is not covered for this date of service.  |             |               |                        |                   |
| 3404934         | <b>Onslow</b>    | <b>8599</b>      | 33                | Detail not covered by combination of recipient, provider and benefit package.   | 15          | 93            | 727                    | 634               |
|                 |                  | <b>21</b>        | 15                | Duplicate of claim-system.  |             |               |                        |                   |
|                 |                  | <b>8517</b>      | 12                | Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of the fiscal year. |             |               |                        |                   |
| 3404921         | <b>OPC</b>       | <b>5312</b>      | 459               | Prior authorized dollars exceeded.  | 17          | 637           | 3416                   | 2779              |
|                 |                  | <b>8599</b>      | 70                | Detail not covered by combination of recipient, provider and benefit package.   |             |               |                        |                   |
|                 |                  | <b>21</b>        | 40                | Duplicate of claim-system.  |             |               |                        |                   |
| 3404910         | <b>Pathways</b>  | <b>191</b>       | 20                | Client ID number does not match patient name.   | 5           | 64            | 2810                   | 2746              |
|                 |                  | <b>8621</b>      | 18                | 60 residential level III treatment received, PA is required for additional service.                                       |             |               |                        |                   |
|                 |                  | <b>21</b>        | 14                | Duplicate of claim-system.  |             |               |                        |                   |
| 3404924         | <b>Piedmont</b>  | <b>8525</b>      | 309               | Claim denied, referring provider must be an LMA.  | 0           | 313           | 313                    | 0                 |
|                 |                  | <b>191</b>       | 4                 | Client ID number does not match patient name.   |             |               |                        |                   |
|                 |                  |                  |                   |   |             |               |                        |                   |
| 3404941         | <b>Pitt</b>      |                  |                   |   | 0           | 0             | 0                      | 0                 |
|                 |                  |                  |                   |   |             |               |                        |                   |
|                 |                  |                  |                   |   |             |               |                        |                   |
| 3404932         | <b>Randolph</b>  | <b>8599</b>      | 66                | Detail not covered by combination of recipient, provider and benefit package.   | 41          | 252           | 1701                   | 1449              |
|                 |                  | <b>21</b>        | 51                | Duplicate of claim-system.  |             |               |                        |                   |
|                 |                  | <b>120</b>       | 36                | Client ID number missing or invalid.  |             |               |                        |                   |

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| 3404938         | Riverstone            |                  |                   |   | 0           | 0             | 0                      | 0                 |
|                 |                       |                  |                   |   |             |               |                        |                   |
|                 |                       |                  |                   |   |             |               |                        |                   |
| 3404942         | Roanoke-Chowan        | 8599             | 27                | Detail not covered by combination of recipient, provider and benefit package. | 7           | 47            | 348                    | 301               |
|                 |                       | 191              | 5                 | Client ID number does not match patient name.                                 |             |               |                        |                   |
|                 |                       | 120              | 2                 | Client ID number missing or invalid.  |             |               |                        |                   |
| 3404918         | Rockingham            | 8599             | 86                | Detail not covered by combination of recipient, provider and benefit package. | 33          | 157           | 1633                   | 1476              |
|                 |                       | 5404             | 21                | Severe duplicate: same atttd prov/pcode/tos/dos/mod.                          |             |               |                        |                   |
|                 |                       | 21               | 9                 | Duplicate of claim-system.  |             |               |                        |                   |
| 3404907         | Rutherford-Polk       | 8599             | 17                | Detail not covered by combination of recipient, provider and benefit package. | 7           | 35            | 260                    | 225               |
|                 |                       | 21               | 4                 | Duplicate of claim-system.  |             |               |                        |                   |
|                 |                       | 5404             | 4                 | Severe duplicate: same atttd prov/pcode/tos/dos/mod.                          |             |               |                        |                   |
| 3404925         | Sandhills             | 8505             | 1364              | Claim denied due to insufficient budget.                                      | 77          | 2083          | 3427                   | 1344              |
|                 |                       | 8800             | 420               | Futher processing necessary, please check for claim on future RA's.           |             |               |                        |                   |
|                 |                       | 8599             | 137               | Detail not covered by combination of recipient, provider and benefit package. |             |               |                        |                   |
| 3404901         | Smoky Mountain        | 8599             | 252               | Detail not covered by combination of recipient, provider and benefit package. | 557         | 956           | 9383                   | 8427              |
|                 |                       | 143              | 41                | Client ID not on State eligibility file.                                      |             |               |                        |                   |
|                 |                       | 191              | 32                | Client ID number does not match patient name.                                 |             |               |                        |                   |
| 3404933         | Southeastern Center   | 8505             | 203               | Claim denied due to insufficient budget.                                      | 61          | 339           | 2300                   | 1961              |
|                 |                       | 8000             | 22                | No rate available to price this claim detail.                                 |             |               |                        |                   |
|                 |                       | 8599             | 13                | Detail not covered by combination of recipient, provider and benefit package. |             |               |                        |                   |
| 3404926         | Southeastern Regional | 8599             | 149               | Detail not covered by combination of recipient, provider and benefit package. | 140         | 571           | 5440                   | 4868              |
|                 |                       | 23               | 66                | Service requires prior approval.  |             |               |                        |                   |
|                 |                       | 5404             | 62                | Severe duplicate: same atttd prov/pcode/tos/dos/mod.                          |             |               |                        |                   |

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| 3404957         | <b>Tideland</b>      | <b>8517</b>      | 54                | Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of the fiscal year. | 34          | 154           | 1762                   | 1608              |
|                 |                      | <b>8599</b>      | 30                | Detail not covered by combination of recipient, provider and benefit package.   |             |               |                        |                   |
|                 |                      | <b>8505</b>      | 17                | Claim denied due to insufficient budget.  |             |               |                        |                   |
| 3404905         | <b>Trend</b>         | <b>8518</b>      | 1321              | Claim denied, submitted beyond filing timelimit. May and June DOS must be submitted by the end of August.                 | 3           | 1592          | 3378                   | 1786              |
|                 |                      | <b>8599</b>      | 186               | Detail not covered by combination of recipient, provider and benefit package.   |             |               |                        |                   |
|                 |                      | <b>8517</b>      | 34                | Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of the fiscal year. |             |               |                        |                   |
| 3404923         | <b>VGFW</b>          | <b>8599</b>      | 89                | Detail not covered by combination of recipient, provider and benefit package.   | 10          | 175           | 2714                   | 2539              |
|                 |                      | <b>21</b>        | 47                | Duplicate of claim-system.  |             |               |                        |                   |
|                 |                      | <b>5404</b>      | 17                | Severe duplicate: same attd prov/pcode/tos/dos/mod.   |             |               |                        |                   |
| 3404931         | <b>Wake</b>          | <b>8599</b>      | 415               | Detail not covered by combination of recipient, provider and benefit package.   | 232         | 775           | 8452                   | 7677              |
|                 |                      | <b>143</b>       | 45                | Client ID not on State eligibility file.  |             |               |                        |                   |
|                 |                      | <b>120</b>       | 35                | Client ID number missing or invalid.  |             |               |                        |                   |
| 3404936         | <b>Wilson-Greene</b> | <b>21</b>        | 68                | Duplicate of claim-system.  | 38          | 135           | 1381                   | 1246              |
|                 |                      | <b>8599</b>      | 8                 | Detail not covered by combination of recipient, provider and benefit package.   |             |               |                        |                   |
|                 |                      | <b>191</b>       | 6                 | Client ID number does not match patient name.   |             |               |                        |                   |